

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553469

FILING DATE

26 SEP 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		3				
5		3				
6		3				
7		10				
8	/					
9	/					
10	/					
11	/					
12	/					
13		2				
14		2				
15		2				
16		0				
17	/					
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		4				
26	/					
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49						
50						
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						